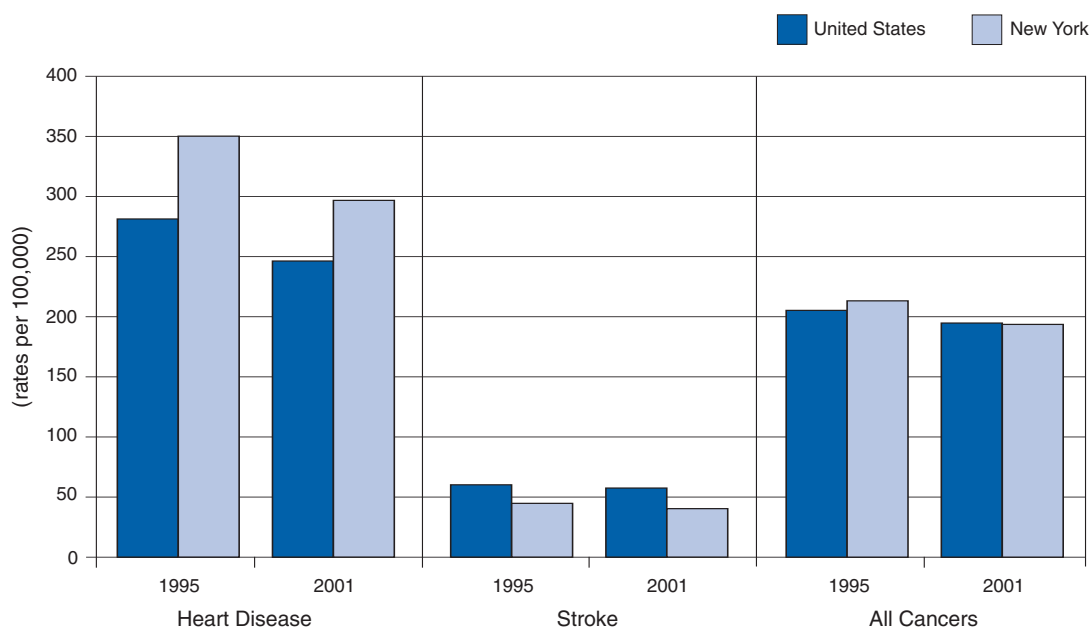


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and New York, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

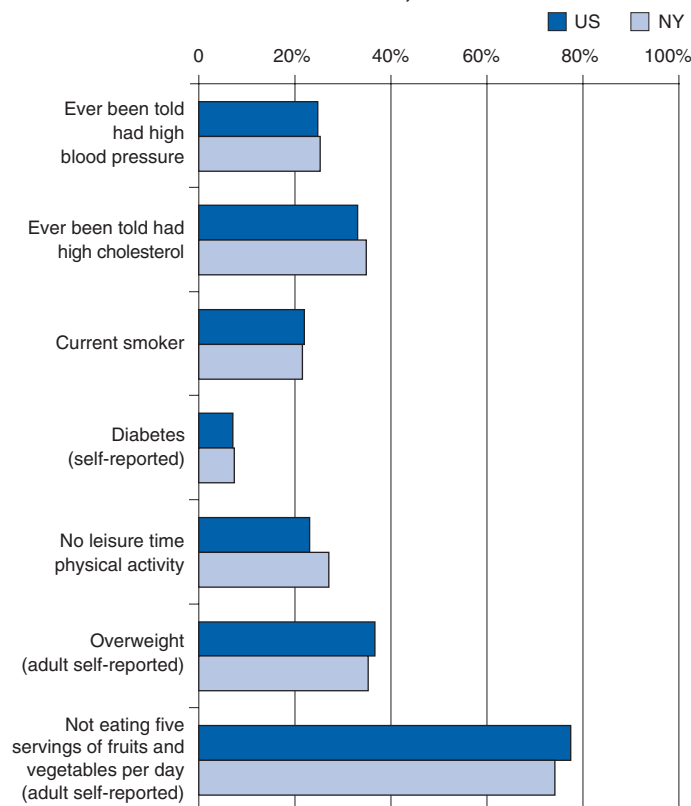
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in New York, accounting for 56,643 deaths or approximately 36% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 7,706 deaths or approximately 5% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 36,340 are expected in New York. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 88,190 new cases that are likely to be diagnosed in New York.

Estimated Cancer Deaths, 2004

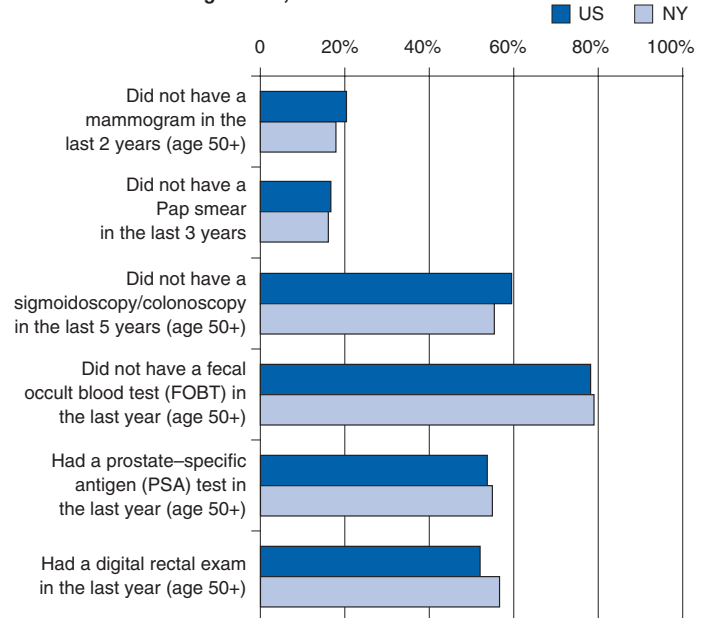
Cause of death	US	NY
All Cancers	563,700	36,340
Breast (female)	40,110	2,820
Colorectal	56,730	3,820
Lung and Bronchus	160,440	9,250
Prostate	29,900	1,880

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

New York's Chronic Disease Program Accomplishments

Examples of New York's Prevention Successes

- Statistically significant decreases in cancer deaths among African American men (345.0 per 100,000 in 1990 versus 269.2 per 100,000 in 2000) and African American women (192.1 per 100,000 in 1990 and 163.6 per 100,000 in 2000).
- A 19.3% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 37.2% in 1992 to 17.9% in 2002).
- A higher prevalence rate than the corresponding national rate for individuals who reported that they were neither overweight nor obese (43.7% in New York versus 40.0% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to New York in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for New York, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>New York BRFSS</i>	\$178,192
National Program of Cancer Registries <i>New York State Cancer Registry</i>	\$1,965,877
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program <i>New York's Healthy Heart Program</i> <i>Cardiac Advisory Committee</i>	\$1,340,000
Diabetes Control Program <i>Diabetes Control and Prevention Program</i>	\$900,000
National Breast and Cervical Cancer Early Detection Program <i>Breast and Cervical Cancer Early Detection Program</i>	\$6,784,816
National Comprehensive Cancer Control Program <i>Comprehensive Cancer Control Program</i>	
WISEWOMAN	\$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>New York Tobacco Prevention and Control Program</i>	\$2,086,892
State Nutrition and Physical Activity/Obesity Prevention Program <i>Commissioner's Physical Activity Challenge</i> <i>Eat Well Play Hard</i> <i>Healthy Heart Coalitions</i> <i>Move for Life</i> <i>Pedestrian Road Shows</i> <i>Worksite Wellness Programs</i> <i>Mini Grants for Faith Based Communities</i> <i>Healthy Heart Projects for Growing Healthy Communities</i> <i>BC Walks</i>	\$397,222
Racial and Ethnic Approaches to Community Health (REACH 2010) <i>Institute for Urban Family Health</i> <i>Trustees of Columbia University</i>	\$924,706 \$885,000
Total	\$15,462,705

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in New York that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

Chronic Disease Highlight: Cardiovascular Disease

In 1999, cardiovascular disease (CVD) was the primary cause of death for all New Yorkers. Although CVD is a problem for all adults, in 1999 mortality was especially high for older age groups. However, disparities in CVD mortality are most obvious when examining rates of premature mortality (death before the age of 75); African Americans in New York in 1999 were almost 30% more likely than whites to die prematurely from CVD and were 48% more likely to die specifically from stroke than their white counterparts.

Many believe that CVD is a man's disease, but a greater number of women die from CVD than men. This is partly explained by the large number of women in older age groups in New York where CVD deaths are concentrated. CDC heart disease mortality data from 1996 to 2000 indicate that the heart disease death rate for women in New York was 529 per 100,000, compared with the rate for women in the United States, 438 per 100,000. These data also show that in 2001, heart disease was the leading cause of death for women age 65 and over and was the second leading cause of death for women in the 45 to 54 age group and the 55 to 64 age group.

Tobacco use, physical inactivity, poor nutrition, obesity, hypertension, high blood cholesterol, and diabetes are known and modifiable risk factors for CVD. According to 2003 data from CDC's Behavioral Risk Factor Surveillance System, the overall rate of adult smokers in New York was 22%. Almost one third of New York's adult population was estimated to be physically inactive, 74.2% were consuming fewer than 5 servings of fruits and vegetables a day, 20.9% were obese, and 7.4% were reported to have diabetes. In 2003, 25.3% of the state's adult population had high blood pressure, and 34.9% had high blood cholesterol. African Americans, those in lower-income populations, and those with lower levels of education tended to have higher rates of smoking, physical inactivity, high blood pressure, obesity, and diabetes.

Hospital expenditure data provide an indication of the direct costs of CVD in New York State. CVD hospitalization costs in 2000 were in excess of \$6.8 billion. Sixty-one percent of these costs were for people under age 75. Seventy-five percent of all CVD hospitalizations were paid for with public funds. Direct and indirect expenditures for CVD in New York were estimated to be approximately \$16 billion in 2002.

Text adapted from *The Burden of Cardiovascular Disease in New York: Mortality, Prevalence, Risk Factors, Costs, and Selected Populations* (no date).

Disparities in Health

Over one third of New York's population is composed of racial and ethnic minorities, predominantly African Americans (15.9%) and Hispanics (15.1%). Health disparities among these populations are evident in many risk factors, in behavioral factors, and in certain mortality rates.

In 2000, Hispanics in New York tended to have a lower death rate for cancer (179.3 for men and 105.0 for women per 100,000) than whites (235.8 per 100,000 for men and 169.0 per 100,000 for women). From 1996 to 2000, Hispanics also tended to have lower death rates for heart disease (397 per 100,000) and stroke (54 per 100,000) than whites (627 per 100,000 for heart disease and 87 per 100,000 for stroke). Despite these lower death rates, Hispanics still have higher rates for many of the risk factors for these diseases. According to 2003 data from CDC's Behavioral Risk Factor Surveillance System, Hispanics were less likely to consume 5 servings of fruits and vegetables per day than whites (22.4% versus 26.1%) and were less likely to meet the recommended guidelines for moderate physical activity than whites (34.8% versus 49.8%). When compared with whites, Hispanics also were more likely to be overweight (36.1%, compared with 34.9% of whites) or obese (22.2%, compared with 20.1% of whites).

In New York, not only do African Americans have higher rates of various risk factors than Hispanics, but they also have higher rates of cancer, heart disease, and stroke deaths. In comparison with whites, African Americans were more likely to be overweight (37.5%, compared with 34.9% of whites) or obese (29.9%, compared with 20.1% of whites). African Americans were also more likely to have been told they have high blood pressure (33.0%) than whites (26.0%) and less likely to meet the recommended guidelines for moderate physical activity (34.4%) than their white counterparts (49.8%).

Other Disparities

- **Cervical Cancer:** Although in 2002 African American women in New York were more likely to report having had a Pap smear in the last 3 years (12.7%, compared with 15.8% for white women), from 1997 to 2000 African American women had higher cervical cancer death rates (5.2 per 100,000) than white women (3.2 per 100,000).
- **Prostate Cancer:** In 2000, African American men had prostate cancer death rates more than twice that of white men (61.2 per 100,000 for African American men versus 27.2 per 100,000 for white men).

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42, 4770 Buford Highway NE, Atlanta, GA 30341-3717 | Phone: (770) 488-5706 | Fax: (770) 488-5962
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